24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 16 2014
5 Gateway Center	Amount
City State Zip Code	445.00
Pittsburgh PA 15222	Transaction ID : D538880 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 16 7 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee AFSCME Special Account	Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW	09 16 2014
1025 L Suidet, 1444	Amount
City State Zip Code	43.02
Washington DC 20036	Transaction ID : D538920 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 16 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President State: MI Senate
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	488.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 18 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI EIVI	SHORES	_	AGE 2 OF 4 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Workers' Voice			C co	0484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee AFSCME Special Account			Date of Public D	Distribution/Dissemination
Mailing Address 1625 L Street, NW			09 Amount	16 2014
City Washington	State DC	Zip Code 20036	Transaction ID :	54.85 D538925
		20000		ement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 /	16 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Gary Peters		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	.,,	11368.03	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
AFL-CIO			M M /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		9.39
Washington	DC	20006	Transaction ID : Date of Disburse	D538947 ement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	House District:
Gary Peters		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		11368.03	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures)	64.24
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	M M / D D /	2014
2. 0				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	eport New rep	port Amends repo	rt filed on
Full Name of Payee AFT Solidarity 527			Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.V			09 16 2014
			Amount
City	State	Zip Code	50.65
Washington	DC	20001	Transaction ID : D538952 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 16 / Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	11368.03	Disbursement For:
Full Name of Payee	-:::aa Advaaaay Dr	-:	Date of Public Distribution/Dissemination
UFCW Int'l Union Working Fan	Tilles Advocacy Fi	oject	09 16 Y Y Y Y Y
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	59.28
Washington	DC	20006-1598	Transaction ID : D538956 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 16 / Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		11368.03	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		109.93
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			•
. , , , , ,	y candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Retail, Wholesale and Department Store Union	Date of Public Distribution/Dissemination
·	09 16 2014
Mailing Address 30 E29th St.	Amount
City State Zip Code	32.16
New York NY 10016	Transaction ID : D538963 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 16 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination
National Nurses Officed	09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8630 Fenton Street	Amount
Suite 1100	Amount
City State Zip Code	9.42
Silver Spring MD 20910	Transaction ID : D538967 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 16 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	41.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	703.77
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
Ms. Elizabeth H Shuler [Electronically Filed] Date	18 2014
Signature	